Maryland HealthChoice Waiver - Community Health Pilots
Frequently Asked Questions and Answers for the
Assistance in Community Integration Services Pilot
August 2, 2017

1. **Target Population**

a. **Who would be eligible to participate in the ACIS Pilot Program?**

MDH Response: Under the ACIS Pilot program, the state will provide a set of Home and Community Based Services (HCBS) to a population that meets the needs-based criteria specified below, capped at 300 individuals annually. These services include HCBS that could be provided to the individual under a 1915(i) state plan amendment (SPA). The state's needs-based criteria are as follows:

1. Health criteria (at least one):
   A. Repeated incidents of emergency department (ED) use (defined as more than 4 visits per year) or hospital admissions; or
   B. Two or more chronic conditions as defined in Section 1945(h)(2) of the Social Security Act.

2. Housing Criteria (at least one):
   A. Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; or
   B. Those at imminent risk of institutional placement.

b. **Does chronic substance use or mental illness qualify?**

MDH Response: Yes, chronic substance use or mental illness would qualify as a one of the two necessary "chronic conditions" as described in Attachment E: Assistance in Community Integration Services Pilot Protocol.

c. **How do you define "those at imminent risk of institutional placement?"**

MDH Response: A person is considered to be at imminent risk for placement in an institutional setting[1] if they are at risk for institutional placement in the absence of ACIS community based services: tenancy-based case management services/tenancy support services and/or housing case management services as described in Attachment E: Assistance in Community Integration Services Pilot Protocol.

Additionally, MDH may be able to assist the LE in identifying those who meet such health criteria through data analysis of Medicaid claims.

d. **Does the homeless person have to be nursing home placement eligible? Is there a way around this?**

MDH Response: No, a chronically homeless Medicaid beneficiary does not necessarily need to be nursing home eligible to be eligible for the ACIS Pilot. The individual only

[1] *24 CFR 578.3(2) defines these settings as an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility.*

needs to meet the eligibility criteria listed in Attachment E: Assistance in Community Integration Services Pilot Protocol in order to be eligible for the ACIS Pilot program.

e. **If an individual is currently enrolled in a housing support program with minimal supports, would they be eligible for the ACIS Pilot to enhance the current support services provided?**

MDH Response: If an individual is currently receiving any federally funded services as described in STC 28: Attachment E, Medicaid or otherwise, the individual is not eligible for ACIS. Individuals who receive care through other Maryland home and community based services waivers are not be eligible to participate in the ACIS Pilot.

f. **Can ACIS case management staff assist those homeless individuals that would meet the criteria for this program but lack Medicaid benefits at the time of identification or does this type of case management fall outside the ACIS case management staff?**

MDH Response: No, ACIS Pilot enrollees must be Medicaid-eligible at the time of service in order to participate in and receive services through the ACIS Pilot program. Any services rendered to non-eligible individuals cannot be reimbursed using ACIS Pilot funds.

g. **Are the 300 slots statewide or by jurisdiction? If this is statewide, is there a minimum number of people that need to be served?**

MDH Response: The 300 slots are statewide. There is no minimum number of people that must be served per jurisdiction.

2. **Services**

a. **What are the key deadlines for launching the ACIS Pilot?**

MDH Response: The anticipated timeline is as follows:

Deliverable/Activity	**Date**
Release Letter of Intent request for ACIS Pilot	July 5, 2017
Webinar for Overview and Introduction to ACIS Pilot	July 12, 2017
Letters of Intent due from Lead Entities to MDH	July 19, 2017
ACIS Pilot Application Published by MDH, FAQs released	August 2, 2017
ACIS Pilot Application Process Webinar and Review of FAQs	August 16, 2017
ACIS Pilot Applications due to MDH	September 18, 2017
Calls with Applicants (clarification & modification discussion)	October 9-13, 2017
ACIS Pilot Award Notification (expected, pending final CMS	October 23, 2017

approval)	
ACIS Pilots Begin (based upon approved Pilot implementation plans)	Oct./Nov. 2017

b. **With the minimum of 3 services, do these services need to be different? What about in a start-up year?**

MDH Response: After the initial community based vulnerability assessment, an individual may receive more than one of the same services in the month.

c. **Will this program be time-limited?**

MDH Response: MDH anticipates that the federal match will be available for the 4.5 year duration of the waiver renewal period. Pilots are opportunities for communities to be able to clearly demonstrate if, in fact, providing expanded supportive services within certain high-risk and high-utilizing Medicaid populations in Maryland is a sustainable model that improves health outcomes and reduces health care costs among the target populations. MDH requires Pilots to report activities and performance to demonstrate results. Pilot program evaluations will inform program continuation.

d. **Will there be caps on the amount of services the same individual can receive or can we bill throughout the funding period for the same client?**

MDH Response: Currently, there are no caps on the amount of services that a particular individual may receive. ACIS providers are required to provide a minimum of three services per month to each member to receive an ACIS payment in a given month. Lead Entities will be paid a bundled payment per month in lieu of a fee for service payment structure.

However, Pilot applicants should take note that reimbursable services are restricted to the tenancy-based case management services/tenancy support services and housing case management services that are listed in Attachment E: Assistance in Community Integration Services Pilot Protocol. Any services not expressly contained within this list will not be reimbursed.

e. **What is the process for assessing Medicaid eligibility of ACIS Pilot beneficiaries?**

MDH Response: Lead Entities must establish that a beneficiary is Medicaid eligible through the MDH Eligibility Verification System (EVS) at initial Pilot enrollment and on a monthly basis following enrollment as long as LE is providing and claiming payment for ACIS. Lead Entities are expected to verify Medicaid beneficiary eligibility at minimum on a monthly basis at the first date of service delivery within the month or, on the first business day of the month. Lead Entities should have programmatic processes in place to ensure that an ACIS Pilot beneficiary is indeed Medicaid-eligible each time services are rendered in order to guarantee receipt of reimbursement for services.

Lead Entities will invoice MDH on a quarterly basis ACIS at monthly cost-base rate for each ACIS enrolled Medicaid beneficiary.

f. **Are there any Medicaid services that a beneficiary might be enrolled in that would be considered duplicate or render the individual ineligible to participate in housing case management and/or tenancy support?**

MDH Response: If an individual is currently receiving any of services described in STC 28: Attachment E or that could be considered a duplication of any such services that are supported by federal funding, Medicaid or otherwise, the individual is not eligible for ACIS. Individuals who receive care through other Maryland home and community based services waivers are not eligible to participate in the ACIS Pilot.

g. **Will we be given the exact outcome data that we are expected to collect/report on?**

MDH Response: Yes, MDH will issue the requirements regarding the reporting and evaluation component of the ACIS Pilot program in the ACIS Pilot Request for Application. In addition to the evaluation measures that MDH has selected, Lead Entities should either propose up to two additional process measures specific to their chosen population or indicate that they would like to work with MDH to identify additional measures. Lead Entities shall submit these metrics on a quarterly and annual basis to MDH in order to demonstrate progress toward achieving program goals and strategies. MDH reserves the right to modify the performance and process measures that will be required from the Lead Entity.

h. **As a private and smaller interested stakeholder, can a single family dwelling that can occupy eight individuals be eligible to respond to the RFP if they are willing to provide tenancy based case management services within the residence or will this type of setting be considered ineligible because room and board is being provided?**

MDH Response: The funding is specifically for local government entities who will in turn identify the partners to work with them to deliver direct services. MDH is not providing funding to any specific direct service provider. Funding is only available to local government entities, such as, local health departments and local management boards. Interested stakeholders should contact the local health officer in the relevant jurisdiction to assess possibilities for collaboration on the ACIS Pilot.

i. **Some of our homeless clients require case management services for many years. Is there a time limit that we can provide them these services?**

MDH Response: At this time, there is no time limit other than the duration of the ACIS Pilot, which will conclude on December 31, 2021.

j. **What is the difference between tenancy-based case management and housing case management?**

MDH Response: Tenancy-based case management deals primarily with helping the individual sustain their tenancy in the housing unit that they live in. This may involve actions such as teaching the tenant about how to pay rent, who they should contact if there is an emergency, the details of their lease agreement, and the steps necessary if they wish to leave their housing unit. In contrast, housing case management deals primarily with assisting the individual find housing and locating services that are within the realm of the housing that they plan to choose.

k. **Do the chronic health conditions need to be documented by a health professional? Many of our homeless clients are known to have chronic disabilities (mental health), but will not admit and do not have a disability determination.**

MDH Response: No, chronic health conditions do not need to be documented by a health professional. STC 28: Attachment E: Assistance in Community Integration Services Pilot Protocol provides guidelines as to the qualifications of the types of providers who may perform an ACIS eligibility assessment. Lead Entities will have to conduct a detailed intake assessment, which will be used to determine whether an individual meets the eligibility requirements to participate in the ACIS Pilot:

1. Health criteria (at least one):
   A. Repeated incidents of emergency department (ED) use (defined as more than 4 visits per year) or hospital admissions; or
   B. Two or more chronic conditions as defined in Section 1945(h)(2) of the Social Security Act.

2. Housing Criteria (at least one):
   A. Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; or
   B. Those at imminent risk of institutional placement.

3. **Finance**

a. **Will grantees of the housing supportive services community Pilot program be able to use Pilot program funds to pay full or partial rent for eligible program participants?**

MDH Response: No, federal financial assistance from the Medicaid program cannot be used for room and board costs.

b. **Can funding be used to support limited transportation or other wraparound of patients to access services?**

MDH Response: ACIS Pilot funding may be used for the provision of direct services to the ACIS enrolled Medicaid beneficiary. Ancillary services such as transportation or the provision of material goods would be ineligible for ACIS funding.

c. **Would individuals be eligible for coordination/assistance services if they are at risk of losing their subsidized housing because of their chronic conditions?**

MDH Response: Yes, this individual would be eligible to receive ACIS Pilot services. ACIS Pilot eligibility requirements can be found in Attachment E: Assistance in Community Integration Services Pilot Protocol. An individual in this proposed scenario would be well-suited to receive the tenancy-based case management services/tenancy support services that the ACIS Pilot offers.

d. **During the webinar, it was stated that in consideration of the proposal, the availability of affordable housing would be considered in awarding the grant. Can you provide any further detail?**

MDH Response: The major tenet of the ACIS Pilot program is to provide specific supportive housing services to Medicaid enrollees with high health services needs and who, in the absence of stable housing, may become homeless and/or at risk for institutional placement.

To that end, we consider it essential that a Pilot Lead Entity would have or be able to develop strong linkages to housing resources and sources of housing inventory to assist individuals with accessing, preparing for and maintaining continuity of stable housing with the ultimate goal of improving health outcomes.

e. **Can the non-federal share be used for housing subsidies / room and board and included in the bundled rate?**

MDH Response: No, Medicaid federal financial assistance cannot be used for room and board. When Lead Entities transfer the local matching funds to the State via an intergovernmental transfer, we will then draw down the federal match, and the combined funds will be returned to Lead Entities via payment for ACIS Pilot services rendered. At that point, federal regulations pertaining to Medicaid spending apply to the totality of ACIS Pilot funding.

f. **As in the home visiting waiver do we send money to you or can our match be assessed locally and we submit reports to you with verification of match and assignment for approved activities only?**

MDH Response: As with the Home Visiting Services Pilot, ACIS Lead Entities must transfer local matching funds to the State via an intergovernmental transfer in order to be able to receive the federal match.

g. **Advance Payments – how would this work?**

MDH Response: Start-up costs, if approved by MDH, will be paid directly to the LE. Start-up costs are available only in the first year of the Pilot, and must be limited to no more than 10 percent of the first year award (i.e., 10 percent of the amount determined as follows: [anticipated number of members served by the LE] * [per member, per month payment to the LE] * [12 months]). To receive start-up funding, the LE must:

- Conduct a community-based vulnerability assessment using an assessment tool that is approved by MDH in advance. The assessment must evaluate the relevant population for its needs with respect to the criteria identified above;
- Implement a process for verifying members' Medicaid eligibility with MDH; and
- Implement a process for successfully enrolling members into the ACIS Pilot program.

h. **Will reimbursement be per client per month?**

MDH Response: Yes, Lead Entities will be eligible to receive payment for the number of ACIS beneficiaries enrolled per month. MDH will pay the Lead Entities at the monthly ACIS rate.

i. **Rather than perform an intergovernmental transfer progress, can the Lead Entity use the staff that will perform the oversight of the case management staff for the 50% case match?**

MDH Response: No, Lead Entities may not bypass the requirement that funding for the ACIS Pilot must be provided by an intergovernmental (IGT) process. The Lead Entity must submit fifty (50%) of the ACIS Pilot costs with local dollars through the IGT process and once these funds are matched with federal funds, the Lead Entity will be reimbursed for services rendered accordingly. Local dollars put forth by the Lead Entity must be derived from the permitted sources of funding as described in the ACIS Pilot Request for Applications, STCs, Post-Approval Protocols, and any applicable federal and state laws.

j. **Can a local health department request funding for multiple counties, or a regional grant?**

MDH Response: Yes, a local health department may request funding for a consortium of counties. Counties may coordinate and collaborate together on a single application.

k. **Is the $1.2 million dollars match for the entire State?**

MDH Response: Yes, the 1.2 million dollars in federal matching dollars is the total amount of federal funding allocated to the State of Maryland for ACIS Pilots on an annual basis.

l. **Can the local match be cash match or can it be in-kind match?**

MDH Response: The local matching funds must be provided as a cash match via an intergovernmental transfer to the State.

m. **Does 100% of the local match need to be used for services? Can local match funds be used to pay for administrative or evaluation costs?**

MDH Response: No, local match funds cannot be used to pay for administrative or evaluation costs. When Lead Entities transfer the local matching funds to the State via an intergovernmental transfer, MDH will then draw down the federal match, and the combined funds will be returned to Lead Entities via payment for ACIS Pilot services rendered. At that point, federal and state regulations pertaining to Medicaid spending apply to the totality of ACIS Pilot funding. Thus, Lead Entities may only use ACIS funding for direct service provision as described in STC 28: Attachment E (Appendix B).

n. **Is this a competitive grant where applicants compete against each other? How will you determine who will receive funds if you receive more applications than you are able to fund?**

MDH Response: Yes, this is a competitive application process for federal match funding. As part of application review process using the Application Selection Criteria included in the RFA, MDH will look at the quality of the application, readiness to implement and the stated need within the jurisdiction.